. MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH Registration District No. DO NOT WRITE AMENDED I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY Missourib. COUNTY St. Louis VS 300 AMENDED Rev. 4/59 c. CITY OR TOWN b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b Inside Limits TOWN St. Louis, Missouri Berkeley Yes 🖫 No 🗌 c. FULL NAME OF (If NOT in hospital, give location) d STREET (If outside, give location) Inside Limits Reside on Farm HOSPITAL OR **ADDRESS** Jewish Hospital Yes 🔂 No 🗆 5900 Berkeley Drive Yes D No D NAME OF DECEASED Middle Last 4. DATE Year (Type or print) OF DEATH 18 Jeffrey Allen 63 Lauer 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX 6._COLOR OR RACE 7. Married 🗍 Never Married 17 8. DATE OF BIRTH Male White Widowed □ Divorced | 9-18-63 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 10a, USUAL OCCUPATION (Give kind of work done St. Louis, Missouri during most of working life, even if retired) U.S.A. 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13a, FATHER'S NAME Patricia Sue Repp Gene Argile Lauer 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES 5900 Berkeley Drive (Yes, no, or unknown) (If yes, give war or dates o Patricia Lauer INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 10 IMMEDIATE CAUSE (a) Ö 11 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal decreased there a pregnancy in last 90 days. disease condition given in PART I (a) □ Unknown 19. WAS AUTOPSY PERFORMED? YES NO HOMICIDE 20b, DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in PART I or PART II of Irem 18.) 20a. ACCIDENT SUICIDE 20c. TIME OF Month, Day, Year Hour RIBBON INHIPY A.TÒ. p.m. USE BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK [] *IYPEWRITER* READ 21. I attended the deceased from on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at. SHOULD 22b. ADDRESS ō AFFIDAVIT 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE NO. REMOVAL (Specify) Anatomical Board 25. DATE RECD. BY LOCAL REG. ITEM 24. FUNERAL DIRECTOR MO. ANATOMICAL BOARD, 1402 S. GRAND

STATEMENT BY LICENSED EMBALMER

i hereb	by certify that the body whos	se name is i	ecorded on the reve	rse side of th	nis certificate was embalmed by i	ne
or by		·		, s	tudent Embalmer No	_
· - working under	r my personal supervision.					
Student		<u> </u>	Signed			
,	Signature of Student Embalmer					
•				License	ed Embalmer No	
-	-			P. O. A	Address	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).''

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.